STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PLEASE COPY THIS FOR *EACH* PROVIDER IN YOUR PRACTICE
OR LOCAL HEALTH DIRECTOR

TO: **Pediatric and Family Practitioners, and Health Directors**

FROM: **Nancy Sharova, CIRTS Coordinator**

SUBJECT: **Connecticut Immunization Registry and Tracking System Confidentiality Agreement**

DATE: **1/18/2013**

The Connecticut Immunization Registry and Tracking System (CIRTS), our statewide childhood immunization registry, strictly adheres to Connecticut Law that all personal information including vaccination status and dates of vaccination of individuals shall be confidential.

ALL HEALTH CARE PROVIDERS ADMINISTERING VACCINATIONS TO CHILDREN IN CT SHALL REPORT THESE VACCINATIONS TO CIRTS, UPON RECEIVING A REQUEST FROM CIRTS.

ONLY THE PARENT(S), THE CHILD'S LEGAL GUARDIAN, THE CHILD'S HEALTH CARE PROVIDER, AND LOCAL HEALTH DIRECTORS HAVE ACCESS TO CIRTS INFORMATION.

In order to obtain data from CIRTS and to comply with the CT General Statutes Section 19a-7h, **each pediatric and family health care provider and local health director must sign the attached Confidentiality Agreement Form** indicating that you have read and agree to comply with C.G.S. 19a-7h (see enclosed statute/regulations). Please return the signed form **by February 20, 2013,**

to FAX: 860-509-8370

or, MAIL to:
CT Department of Public Health, CIRTS
410 Capitol Avenue, MS #11 MUN
Hartford, CT 06134
ATTN: Nancy Sharova

or,
For your convenience, you may return your signed Confidentiality Agreement form(s) with your next Monthly Compliancy Report of your 7 & 19 month-olds.

Thank you for your cooperation.

Phone: (860) 509-7929
Fax: (860) 509-8370
Department of Public Health, MS# 11 MUN
410 Capitol Avenue.
Hartford, CT 06134-0308
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DEPARTMENT OF PUBLIC HEALTH

Statement of Confidentiality

Agreement to Comply with CIRTS Regulations for

Pediatric and Family Health Care Providers and Local Directors of Health

Regarding any data associated with the Connecticut Immunization Registry and Tracking System (CIRTS), a program established by Public Act 94-90 and operated by the CT Department of Public Health, I agree to the following:

- I have read and will comply with the attached Section 19a-7h of the CT General Statutes and Sections 19a-7h-1 through 19a-7h-5 inclusive of the Regulations of CT State Agencies, which can be found at:

  http://www.ct.gov/dph/lib/dph/public_health_code/sections/19a-7h-1_to_19a-7h-5_immunization_registry.pdf
- I will ensure that any staff member employed by the practice/local health department complies with these provisions.

Facility or Health Dept. Name:_____

Type of Facility:

____Private practice
____Community Health Center
____Hospital-based ambulatory health center
____Local Health Department
____Other (specify)_____

Signature: _____

Printed name: _____

Position held: _____

Date: _____

Please return this signed agreement to the fax and/or address listed below by 2/20/13.

Please retain a copy for your records.

For DPH: Each pediatric health care provider and local director of health must sign this confidentiality agreement every two years.
Date to be renewed: 02/01/2015

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